

DTSC Duty Officer: _____ EREC # _____

Date of Incident: _____ Time: _____

Address: _____ Zip: _____

Descriptive Location: _____

[illegible]

RESPONSIBLE PARTY (NAME, DRIVER'S LICENSE NUMBER, DATE OF BIRTH, VEHICLE REGISTRATION NUMBER , ADDRESS, PHONE) :

DESCRIPTION OF MITIGATION MEASURES (ISOLATION, EVACUATION, CROWD CONTROL): _____

REPORT BY: _____ TITLE: _____

OFFICE PHONE: _____ AGENCY: _____

I CERTIFY THAT THIS INCIDENT REQUIRED IMMEDIATE CORRECTIVE ACTION NECESSARY TO REMEDY OR PREVENT AN EMERGENCY RESULTING FROM EITHER A FIRE, AN EXPLOSION, OR HUMAN EXPOSURE TO HAZARDOUS SUBSTANCES:

SIGNATURE: _____